

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/527609

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2	/		/				
3	/		/				
4	/		/				
5	/		/				
6	/		/				
7	/		/				
8	/		/				
9	8		/				
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50							
TOTAL IND.	1	↓	1	↓		↓	
TOTAL DEP.	24	←	12	←		←	
TOTAL CLAIMS	25	[REDACTED]	13	[REDACTED]		[REDACTED]	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.		↓		↓		↓	
TOTAL DEP.		←		←		←	
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]	